



Amateur Sports Teams, Leagues and Associations Insurance Program

Rates and Limits Effective 3/1/2010-2/28/2011

PROGRAM DESCRIPTION

This program has been designed for U.S.-based teams, leagues, clubs and associations conducting youth or adult amateur sports activities. Coverage provided includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. For eligible sports and age groups reported to Summit America, covered operations consist of your scheduled, sanctioned, approved, organized and supervised practices, try-outs, clinics, games, playoffs and tournaments in which you participate. Coverage is also provided for your registrations, meetings, concession stand operations, parades in which you participate, picnics, award banquets and ceremonies and incidental fund-raising activities involving the sale of products, coupons, raffle tickets and services, such as; car washes, bake sales and coin drops for those sports and age groups reported to Summit America.

Coverage is provided by a Carrier rated A+ (Superior) by A.M. Best Company.

COVERAGES AND LIMITS

Commercial General Liability - coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury.

Legal Liability to Participants - coverage which offers protection against bodily injury liability claims brought by persons participating in covered sports activities.

Professional Liability - provides protection against claims that arise out of the rendering, or failure to render, instruction, demonstration, direction and/or advice relating to the sports activity.

Medical Payments to Participants - coverage which pays the medical and dental expenses incurred by a participant when an accident injury occurs while participating in covered sports activities. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim and the benefit period is two years from the date of the accident.

Hired Auto and Employers' Nonownership Liability - (not provided while in Hawaii) coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

General Aggregate	\$4,000,000
Each Occurrence	\$2,000,000
(other than Products-completed Operations)	
Products-completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$2,000,000
Hired Auto and Employer's Nonownership Liability	\$2,000,000
Professional Liability	\$2,000,000
Legal Liability to Participants	\$2,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Payments for Participants (excess)	\$ 100,000
Medical Expense	\$ 5,000
(other than participants)	

Higher Limits, Abuse/Molestation, D&O, Hosted Tournament and Equipment coverages are also available. Please contact Summit America for supplemental applications.

ELIGIBLE OPERATIONS

Organizations providing instruction, practice, and competition in the following sports and age groups are eligible for this program.

- Baseball/T-Ball
- Basketball
- Baton twirling
- Cheerleading (ages 19 & under)
- Cricket
- Deck/floor/field Hockey
- Drill team (ages 19 & under)
- Flag & touch football
- Frisbee
- Golf
- Kickball
- Lacrosse (ages 19 & under)
- Softball
- Swimming
- Tackle football (ages 19 & under)
- Team handball
- Tennis
- Track & Field
- Ultimate frisbee
- Umpire associations
- Volleyball
- Water polo (ages 19 & under)
- Wrestling (ages 19 & under)

Note: If your sport is not listed, contact Summit America at (800)955-1991 to verify eligibility.

EXCLUSIONS

- 24-hour premises liability
- Abuse, molestation, harrasment or sexual conduct
- All operations listed as ineligible
- Amusement devices (eg. rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- Babysitting/child care services
- Carnivals/festivals
- Concerts
- Employment-related practices
- Events involving gambling (ie. Bingo, casino nights, poker, Texas hold 'em tournaments)
- Events where alcohol is furnished or served
- Fireworks
- Fungi or bacteria
- Haunted atractions
- Lead
- Non-rostered participants at tournaments hosted by the insured
- Operation, ownership, or management of any athletic facility or field, other than while being used for covered activities
- Outside concessionaires and vendors in conjunction with your organization
- Sport events/activities involving participants in sports other than premium has been paid
- Transportation of participants

INELIGIBLE OPERATIONS

The following sport operations and affiliates are not eligible for this program. (Please note that this is not a complete listing of ineligible operations).

- BMX/stunt cycling
- Boating activities
- Boxing
- Cheerleading (ages 20 & over)
- Cycling
- Drill Team (ages 20 & over)
- Equestrian
- Gymnastics, martial arts, cheer and dance studios
- Extreme/stunt in-line skating
- Intercollegiate and interscholastic teams, leagues, and associations
- Mixed Martial Arts
- Shooting sports
- Skateboarding
- Skiing (water or snow)
- Strength and conditioning
- Surfing
- Tackle Football (ages 20 & over)
- Rugby

Sports groups that are affiliated with the following organizations are not eligible for this program.

- American Amateur Baseball Congress
- American Youth Football
- Babe Ruth Baseball
- Babe Ruth Softball
- Dixie Boys Baseball
- Dixie Softball
- Dixie Youth Baseball
- U.S. Youth Soccer Association

This brochure is for illustrative purposes only, and it not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to Summit America Insurance, LC.



Amateur Sports Teams, Leagues and Associations Enrollment Form

Rates and Limits Effective 3/1/2010-2/28/2011

Please Check One: New Renewal

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Summit America reserves the right to decline any request for coverage.

SECTION 1: GENERAL INFORMATION

Coverage will begin the day after the completed enrollment form and premium are received and approved by Summit America, or on a later date that you specify below. (If you are renewing coverage, please provide the expiration date of your current policy).

Start my coverage on this date: _____

Named Insured (as it should appear on the policy): _____
(the legal name of the organization; typically, the name that would appear on any contracts or agreements)

Doing business as (DBA): _____
(additional names(s) under which the named insured operates)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ E-Mail: _____

Phone: _____ Fax: _____

SECTION 2: BUSINESS INFORMATION

Form of Business: Not-for-profit organization For-profit-organization

Type of organization:

- Individual team
- League or club (an entity organized to provide regulated competition for multiple teams participating in a specific sport)
- Association (an entity, usually not-for-profit, that exists to further a particular sport, to protect the public interest and the interests of the participants of that sport. A fee is typically charged to become a member and formal rules/regulations are usually required and enforced.)

Are you seeking coverage for all participants within your organization? Yes No

Is there any form of player compensation or prize money awarded for participation? Yes No

Are you a school sanctioned sports team or league? Yes No

Are you a gymnastics, martial arts, cheer or dance studio? Yes No

Are you a municipality or a park and recreation division? Yes No

Are any of your activities held on private residential property? Yes No

Does the named insured own, operate or maintain any pools? Yes No

The exposures/activities listed above may or may not be covered by this program and any resulting claims could be denied. If you wish to cover any of these activities, please contact Summit America to determine if other coverage options are available.

SECTION 3: PROGRAM PREMIUM CALCULATION

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All of your participants are required to be reported in the premium calculation, and a roster may be requested as verification.

Rates Per Participant/Per Sport

SPORT	12 & Under	13-15	16-19	20 & Over
Baseball, T-Ball	\$8.59	\$13.87	\$18.45	\$36.98
Basketball, Ultimate Frisbee, Deck/Floor/Field Hockey	\$8.30	\$9.93	\$18.90	\$25.07
Baton Twirling, Frisbee, Golf, Kickball, Tennis, Track & Field, Swimming	\$7.94 All Ages			
Cheerleading/Drill Team	\$8.77	\$10.66	\$21.07	Not Available
Cricket, Squash	\$8.42	\$12.69	\$16.65	\$32.62
Flag & Touch Football, Team Handball	\$7.54	\$9.23	\$11.35	\$12.21
Lacrosse, Water Polo	\$10.29	\$12.03	\$13.27	See Class A Application
Soccer	\$11.08	\$13.10	\$14.54	See Class A Application
Softball	\$8.15	\$9.74	\$18.45	\$36.98
Tackle Football	\$23.30	\$46.76	\$61.97	Not Available
Umpire & Referee Association	\$11.31 All Ages			
Volleyball	\$8.36 All Ages			
Wrestling	\$21.74 (Ages 19 & under)			See Class A Application

Sport	Age Group	# of Participants	Rate	Premium
_____	_____	_____	X	= _____
_____	_____	_____	X	= _____
_____	_____	_____	X	= _____
_____	_____	_____	X	= _____

TOTAL PREMIUM
(add all lines from above) _____ \$

MINIMUM PREMIUM _____ **\$400**

Total Premium Due _____ \$
(If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium.)

Florida applicants must add 1% to total premium due _____ \$
(1% x premium) = FL assessment fee

Total amount due for Florida applicants _____ \$
(total premium due + FL assessment fee)

SECTION 4: AGENT INFORMATION (If applicable)

This section should only be completed by a licensed agent or broker completing this form on behalf of the client. A commission of 10% is offered on this program. Agent must submit net premium to our office.

Agency name: _____ Tax ID # _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/Contact name: _____ E-mail: _____

Agency Phone: _____ Agency Fax: _____

SECTION 5: DOCUMENT DELIVERY

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be delivered to the same person. Please select only one option.

E-mail to: _____ Attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)

Fax to: _____ Attn: _____

Mail to: _____ Attn: _____

Certificate Requests (Additional Insureds)

Please note that you will receive a certificate showing evidence that coverage has been bound. Use this section to request an additional certificate. List any persons, landlords or organizations that require you to name them as an "additional insured" on your policy.

Certificate Holder (Entity Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/Lessor of premises Sponsor Co-promoter Other (Explain below)

Certificate Holder (Entity Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/Lessor of premises Sponsor Co-promoter Other (Explain below)

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime any may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company, penalties include imprisonment, fines, and denial of insurance benefits.

EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: 24-hour premises liability (unless optional coverage is purchased); abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased); aircraft/hot air balloon; airport; amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); asbestos; athletic or sports participants in: box/indoor lacrosse, broomball, diving, dodgeball, gymnastics, hurling, ice hockey, inline hockey, inline skating, judo, lacrosse (ages 20 & over), martial arts, powerlifting (ages 20 & over), ringette, roller hockey, soccer (ages 20 & over), street hockey, taekwondo, takraw, water hockey (ages 20 & over), water polo (ages 20 & over), weightlifting (ages 20 & over), wrestling (ages 20 & over); babysitting/child care services; carnivals/festivals; cheer and dance studios; commercial general liability standard exclusions (CG0001 12/04 edition); concerts; employment-related practices; events involving gambling (eg: bingo, casino nights, poker, Texas hold 'em tournaments); events where alcohol is served, fireworks; fungi or bacteria; gymnastics studios; haunted attractions; intercollegiate & interscholastic teams, leagues and associations; lead; martial arts studios; non-rostered participants at tournaments hosted by the enrolled member (unless optional coverage is purchased); nuclear energy liability; operation, ownership or management of any athletic facility or field, other than while being used for covered activities; operations of independent concessionaires/vendors in conjunction with your organization; performers; rodeos; saddle animals; snowmobile; sports events/activities involving participants in sports other than those reported and for whom premium has been paid; transportation of athletes/participants. Those operations listed as ineligible: adventure races, bandy, bmx/stunt cycling, boating activities, bobsled, body boarding, boxing, canoe, cheerleading (ages 20 & over), climbing, cycling, drill team (ages 20 & over), equestrian, extreme/stunt inline skating, fitness-aerobics and exercise, hammer throw, hang gliding, hostelling, jai alai, javelin, kayaking, kite surfing, luge (street), marathon, mixed martial arts, modern pentathlon, mountain biking, mountain boarding, open water fishing, outrigger, parachute, parasailing, polo (horse), rafting, rodeo, roller derby, rowing, rugby, sailing, scuba diving, shooting sports, skateboarding, skiing (snow or water), sky diving, sky surfing, sled dog racing, snorkeling, snow boarding, snow surfing, strength & conditioning, streetball, surfing, tackle football (ages 20 & over), trampoline, trapeze, triathlon, unicycling, wake boarding, wind surfing, yachting.

SECTION 6: WARRANTY AND DISCLOSURE STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and accurate. I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Applicant Signature: _____ **Date:** _____

Printed Name: _____ Title: _____

SECTION 7: PAYMENT METHOD

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

Check: Please make check payable to Summit America Insurance Services, LC

Enclosed check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit, please complete the following:

Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

I authorize Summit America Insurance Services, LC to charge my debit/credit card in the amount of \$ _____

Cardholder Billing Address: _____

City: _____ State _____ Zip _____

Reference # _____ Name on Card _____
(last 3 digits on back of card)

Signature: _____

Note: Credit cards are accepted for direct accounts only. If you are an agent or broker submitting this form on behalf of your client, you must submit net premium.

How did you hear about the Coaches' Choice program?

Convention _____ Magazine Ad _____ Web Search _____ Other _____
Specify: _____ Specify: _____

SECTION 8: ENROLLMENT FORM SUBMISSION

Please fax, mail or e-mail pages 3-7 of the completed enrollment form along with payment to Summit America Insurance. Please note that this enrollment form is subject to underwriting review and approval. We will contact you if any further information is needed.



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